

# **EXHIBIT 8**

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Participant must provide all of the information below **in English**:

PRIME CLERK

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Carmen D. Pagan Gonzalez  
Participant's Address: P. O. Box 670, Morovis, P.R. 00687  
Participant's Email Address: carmend.gonzalez@familia.pr.gov  
Name of Counsel: Delta Familia  
Address of Counsel: 22 Ave. Buena Vista, Morovis, P.R. 00687  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 1180055-2 SVC ADShn-Q  
Nature of Claim: 17 BK 3283-LTS  
By: CD  
Signature  
Print Name Carmen D Pagan Gonzalez  
Title (if Participant is not an individual) TASF-I  
Date 7/9/2021

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.